

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR			
	13-DEC-2012		07:30:00	727 E 111TH ST CHICAGO, IL 60628				281		0531			
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.				
	9161	JONES	MARK A	10390	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK		600	160				
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?							
	22-NOV-1993		005 0571	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.					
	COLEMAN	PHILLIP		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK		600	180					
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?	31. SUBJECT INJURED?				32. SUBJECT ALLEGED INJURY?					
			<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?	35. CONDITION	36. CHARGES PLACED		37. CB NO.		IR NO.	38. <input type="checkbox"/> DNA				
ROSELAND COMMUNITY HOSPITAL		UNK	<input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4		18557298		2188581					
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ASSAULT:ASSAULT		ASSAULT:BATTERY		ASSAULT:DEADLY FORCE						
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input checked="" type="checkbox"/>			
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input checked="" type="checkbox"/>	WEAPON	<input type="checkbox"/>			
	OTHER _____		OTHER _____				OTHER _____		OTHER _____				
	MEMBER'S RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input checked="" type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>		
		VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____			
		ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>				
		WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____							
		ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>								
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>								
CONTROL INSTRUMENT		<input type="checkbox"/>	TASER (Laser Targeted)	<input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION		<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>									
OTHER _____			OTHER _____										
WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION									
	POSITION			STAR NO.	UNIT	R/OS ON THE TODAYS DATE AND TIME PROCEEDED TO THE FIFTH DIST LOCK UP TO TRANSPORT THE PRISONERS TO COURT. UPON ARRIVAL AT MR. COLEMAN'S CELL R/OS FOUND HIM TO BE IN AN IRRATIONAL STATE OF MINE. THE SUBJECT WAS CONSTANTLY YELLING DO NOT TOUCH ME.							
	41. WEAPON TYPE			42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
	<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 04 SEMI-AUTO PISTOL	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk	<input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial			CLEAR					
	<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON											
	<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 TASER (Probe Discharge)											
	<input type="checkbox"/> 07 OTHER												
	45. MAKE/MANUFACTURER			46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
	49. TASER DART ID NO.			50. WEAPDN SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WDRN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)										
CASE INFO.	70. EVENT NO. 1234713460												
	71. RD. NO. HV600058												
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
SIGNATURES	73. REPORTING MEMBER (Print Name) JONES, MARK A 13-DEC-2012 13:28:31		STAR/EMPLOYEE NO. 10390		SIGNATURE [Signature]								
	74. REVIEWING SUPERVISOR (Print Name) MOSTEK, CARLOS M		STAR NO. 196		SIGNATURE [Signature]		DATE REVIEWED 13-DEC-2012 13:52:53		TIME 13-DEC-2012 13:52:53				

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)
hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, R/Lt finds that all Department Rules and orders were followed.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1058981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MOSTEK, CARLOS M

SIGNATURE

DATE COMPLETED

TIME

13-DEC-2012 13:55:10

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT NO.
<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	11
<input type="checkbox"/> ARREST REPORT	TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		